

MARYLAND WIC PROGRAM  
FEDERAL FISCAL YEAR 2001

CONTENTS  
PAGE

Introduction.....	3
Applicant's Minimum Qualifications and Other Requirements	4
Required Minimum Stock.....	7
Authorized Foods.....	9
Instructions for Completing the Application.....	10
WIC Vendor Application.....	11

PLEASE READ THIS ENTIRE PACKET BEFORE COMPLETING THE  
VENDOR APPLICATION

Revised: July, 2001

## INTRODUCTION

### **WHAT IS WIC?**

The Special Supplemental Nutrition Program for Women, Infants and Children, known as WIC, is a government program for low income women and growing children with health or nutrition problems.

People who receive foods from the WIC Program are called participants. They receive some of the following foods:

- \* Cereal
- \* Cheese
- \* Eggs
- \* 100% Fruit Juice
- \* Iron-Fortified Formula
- \* Milk
- \* Peanut Butter or Dried Beans, Peas or Lentils
- \* Fresh Carrots or Canned Carrots Packed in Water
- \* Light Chunk Canned Tuna Fish Packed in Water

WIC also refers participants to health and social service programs and gives information on good eating habits to help people be healthy and eat well. When mothers and babies eat well:

- \* Babies weigh more when they are born.
- \* Babies are born smarter.
- \* Babies have less blood problems.
- \* Babies have a better chance of living.

### **HOW WIC IS RUN**

WIC receives most of its funding from the United States Department of Agriculture (USDA) and is run by the Maryland Department of Health and Mental Hygiene, Local and Family Health Administration, Office of the Maryland WIC Program. WIC is operated on the local level by Local Health Departments and other health care providers.

Participants obtain WIC foods by redeeming WIC checks given to them at WIC clinics. They redeem the WIC checks at stores authorized to operate as WIC vendors. A store is an Authorized WIC Vendor if it has a Vendor Agreement from the State WIC Agency. Only stores with a current Vendor Agreement from the State WIC Agency may redeem checks.

### **WIC IS DIFFERENT FROM FOOD STAMPS BECAUSE**

- \* People can only get special, healthy foods prescribed by the Program with WIC checks. No junk food is allowed.

- \* WIC is only for pregnant women, mothers who have recently had a baby or who are breastfeeding, babies, and children up to five years old who needs healthy food.

## CHECKS FOR WIC FOODS

Participants in the WIC Program get checks so they can buy WIC foods. They can only buy the type and the amount of food written on the checks. They can't buy things like cigarettes or potato chips. They can only use their checks in stores that have signed a Vendor Agreement with the State WIC Agency.

Entering into a Vendor Agreement with the Maryland State WIC Agency will allow you to redeem only Maryland WIC checks. The Maryland WIC Program will not pay you for any checks or vouchers you redeem from any other state or Washington, DC.

After a store has accepted a WIC check to buy WIC foods, the check may be put in the bank for payment right away. All WIC checks deposited in the bank must have a WIC vendor stamp on the front and an endorsement by the vendor on the back in order to be paid.

## APPLICANT'S MINIMUM QUALIFICATIONS AND OTHER REQUIREMENTS

To be considered for authorization as a WIC vendor, owners of retail food stores, combination food store/pharmacies, or pharmacies must meet the following criteria:

1. The completed application material must be received at the place specified in this Application Packet.
2. The application must be from a retail food store, combination retail food store/pharmacy, or pharmacy operating at a fixed location within the State of Maryland and must be accessible to the disabled.

In order to qualify as a combination retail food store/pharmacy or pharmacy, the applicant must maintain a current registration or license issued by the State of Maryland Board of Pharmacy.

3. If the store is not a pharmacy, it must meet the minimum stock requirements as specified in the "Required Minimum Stock" section, pages 8 and 9, of this Application Packet. **Minimum stock must be on the store premises as of the date and time of the Vendor Application submission and the WIC Program on-site review.**
4. The store must be operational at the time of the on-site review by the WIC Program staff.

5. The store must not be currently disqualified/suspended from the WIC Program.
6. The store must not be currently disqualified or sanctioned by the Food Stamp Program.
7. The applicant must maintain the store in a sanitary condition, with no evidence of excess unremoved rubbish or vermin or a general lack of cleanliness.
8. If a combination food store/pharmacy or pharmacy, the applicant must be able to provide, within 48 hours of a request from a participant or the Program (excluding weekends and holidays), any authorized infant formula.
9. The applicant must have prices for the four designated WIC food packages that are less than or equal to 125% of the regional average for the food packages.
10. The applicant must owe no outstanding payment(s) to the State WIC Agency that is more than 90 days overdue.

**Applicants not meeting the above qualification criteria will be declared unqualified, and the applications will not be processed. Meeting the above criteria does not constitute authorization to redeem Maryland WIC checks.**

The only exception to this will be for any applicant participating in the Program for which a protest/appeal is pending a decision at the time the application is received. If the applicant meets all the other qualification criteria, the application will be considered qualified and will be processed.

Should the applicant be awarded authorization and the protest/appeal decision upholds the Program disqualification/suspension, the Vendor Agreement will be terminated. If the protest/appeal decision does not uphold the Program, the Vendor Agreement will remain in effect.

#### **HOW APPLICATIONS FOR AUTHORIZATION ARE PROCESSED**

1. Within 20 days after the WIC Program receives the vendors' application, an on-site review is conducted. The on-site review consists of checking the store for minimum stock of WIC authorized foods and collecting prices of certain food items.
2. After the on-site review, the WIC Program compares the applicants' prices with the Regional Average Price for four typical food packages. If the store has the minimum stock and prices that are less than or equal to 125% of the Regional Average Price for all four food packages, authorization will be granted.

3. After a vendor is authorized, the WIC Program will provide training for the vendor management staff. The vendor must be trained before WIC checks can be redeemed by the store. The WIC Program will also provide cashier training at the request of the vendor.
4. A vendor can apply for authorization four times within a calendar year. If the store has been denied four times within a calendar year, the vendor cannot reapply for WIC authorization until January 1 of the following calendar year. The vendor can request a fair hearing after each denial.

#### **MILITARY COMMISSARIES**

Military Commissaries, as federal entities, are exempt from some State requirements; however, the State WIC Agency may still authorize them as WIC vendors pursuant to CFR 9246.12 (f) (1) of the federal regulations for the WIC Program, which permits modification of the vendors= agreement. A commissary will be required to submit application information to the Program by the deadline if one is given.

The U.S. Department of Agriculture and the U.S. Department of Defense have entered into a Memorandum of Understanding to clarify the basic responsibilities of the State WIC Agencies or their designated local agencies and military commissaries authorized to be WIC vendors.

### REQUIRED MINIMUM STOCK

Retail food stores, combination retail food store/pharmacies and pharmacies applying for authorization to participate in the WIC Program must have on the premises of their stores at all times a minimum amount of WIC authorized foods in the brands and container sizes approved by the Program for purchase by WIC participants.

Listed below are the foods and amounts that a retail food store or combination food store/ pharmacy must have on their premises. Formula information given is for retail stores only. Please refer to the current Authorized Foods List on page 9 for additional information on WIC approved brands, varieties, and container sizes and types.

Food Category/Item	Brand/Variety	Amount
Fluid milk gallons	3 varieties	Total of 24
Evaporated milk cans	1 brand	16 - 12 ounce
Nonfat dry milk	1 brand	Total of 4 pounds
Medium or large eggs	1 brand	12 dozen
Domestic cheese pounds	4 varieties	Total of 24
Canned juice	2 brands/2 varieties	24 - 46 ounce cans
Frozen concentrate juice cans	2 brands/2 varieties	12 - 12 ounce
Infant juice ounce containers	Gerber/3 varieties	15 - 32
Adult cereal ounces	6 varieties	Total of 288
Infant cereal ounces	Gerber/2 varieties	Total of 128
Peanut butter containers	1 brand	6 - 18 ounce
Dry Beans, Peas or - 1 pound Lentils	1 brand/3 varieties	Total of 10 packages
Chunk Light Tuna ounce Fish in Water	1 brand	6 - 6 to 6 1/2 cans
Fresh Carrots - 1 pound packages	1 brand	5

Canned Carrots

1 brand

Total of 5 cans  
16 ounces or less

# Infant

# Formula

Milk Based		
Liquid Concentrate	Enfamil w/iron	62 - 13
ounce cans		
Dry (Powdered)	Enfamil w/iron	4 - 16 ounce cans
Soy Based		
Liquid Concentrate	Prosobee	31 - 13 ounce
		cans
Dry (Powdered)	Prosobee	4 - 14 ounce cans

In addition pharmacies and combination retail store/pharmacies must be able to provide within 48 hours of a request from a participant or the Program (excluding weekends and holidays) any of the following authorized special formulas:

Alimentum	Lactofree
Alsoy	Lofenelac
Boost	Neocate
Boost with Fiber	Neocate One Plus
Boost High Protein	Nutramigen
Boost Plus	Pediasure
EleCare	Pediasure with Fiber
EnfaCare	Pediatric EO28
Enfamil AR	Portagen
Enfamil with Iron Premature, 20 calories	Pregestimil
Enfamil with Iron Premature, 24 calories	ProPeptide
Enfamil Next Step Soy Toddler Formula	ProPeptide for Kids
Ensure	Similac with Iron
Ensure Plus	Similac Lactose Free
Ensure with Fiber	Similac NeoSure
Good Start	Similac Special Care
20 calories	
Isomil	Similac Special Care
24 calories	
Jevity	Similac PM 60/40
Kindercal	Vivonex Pediatric
Kindercal with Fiber	
Kindercal TF	





## INSTRUCTIONS FOR COMPLETING THE VENDOR APPLICATION MATERIAL

### A. How to complete the Vendor Application

1. It looks simple, but please read all the instructions **first**.
2. Print clearly or type your answers.
3. Fill in all the blanks. Write N/A if a question doesn't apply to you. Your application may be rejected if you don't **fill in every blank**.
4. List all the owners (#5 on the application). If the store is a corporation, write the corporation name and list the names of the president, vice president, treasurer, and the address of the corporation.
5. Use your store's last federal or state income tax form to figure out your gross annual sales. If you haven't been in business a year, then estimate.
6. Sign and date each application. Vendor Applications must be signed and dated to be valid.

### B. Accuracy of Information Provided

The applicant is responsible for the accuracy of the information contained on the Application. If it is determined that false information was provided on the documents, the application will be denied and the applicant will be denied authorization as a WIC Vendor for at least one year from the date of the Application.

### C. Receipt of Applications

Applicants may hand deliver or send the materials, preferably by certified mail.

Send or deliver the application materials to:

Ms. JoAnn McGowen  
Office of the Maryland WIC Program  
201 W. Preston Street, Room #103  
Baltimore, Maryland 21201

### D. Assistance

If you have any problems filling out the Application, STOP, and call the State WIC Office at 767-5251 (Baltimore area) or 1-800-242-4WIC (outside Baltimore area) for help.

MARYLAND WIC PROGRAM  
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN,  
INFANTS AND CHILDREN

WIC VENDOR APPLICATION

Any false information submitted on this application will result in denial or suspension of the applicant from authorization in the Maryland WIC Program. Suspension of authorization in the WIC Program may result in withdrawal of authorization by the Food Stamp Program.

**1. Location Information**

Store

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Directions to the

store: \_\_\_\_\_

\_\_\_\_\_

**2. Mailing Information**

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

**3. Billing Address (If different from Store Location Address)**

Name: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip  
Code \_\_\_\_\_

**4. Store Type**    Food Store \_\_\_\_ Combination Food Store/Pharmacy  
\_\_\_\_ Pharmacy \_\_\_\_ Military Commissary \_\_\_\_

**5. Ownership Information**

Type of business structure:      Corporation \_\_\_\_ Partnership  
\_\_\_\_  
Sole Proprietorship \_\_\_\_ Military (Defense Department) \_\_\_\_  
Owner(s)/Corporate Name (as listed with MD State Department of  
Assessments and Taxation):

\_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Name(s) of officers (only if a corporation)  
President \_\_\_\_\_

\_\_\_\_\_  
Vice \_\_\_\_\_ President  
\_\_\_\_\_  
Treasurer \_\_\_\_\_

Has this business entity owned and/or operated any stores that  
have been disqualified by the Food Stamp Program, the WIC  
Program or any other Food and Consumer Service Program? \_\_\_\_ No  
\_\_\_\_ Yes (Please explain if answered yes. Attach additional  
page(s) if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**6. Regulatory Compliance**

Food	Stamp	Authorization
Number _____		
Food	Stamp	Authorization
Date _____		
Federal	Tax	Identification
Number _____		
Maryland	Sales	Tax
Number _____		and Use

Bank	Name
<hr/>	
Bank	Address
<hr/>	
Bank	Account
Number	<hr/>

Bank Routing (ABA) Number \_\_\_\_\_ (9  
digit number on micro encoding line on deposit slip preceded  
and followed by three markings)

Date \_\_\_\_\_ of \_\_\_\_\_ last \_\_\_\_\_ local \_\_\_\_\_ Health \_\_\_\_\_ Department \_\_\_\_\_  
Inspection: \_\_\_\_\_

**7. Operations**

Store \_\_\_\_\_ Manager's \_\_\_\_\_ Name: \_\_\_\_\_

Has this individual owned or operated any other stores that  
have been authorized by the WIC Program? ☐ No ☐ Yes (List  
stores if answered yes.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this individual owned or operated any stores that have  
been disqualified by the Food Stamp Program, the WIC Program  
or any other Food and Consumer Service Program? ☐ No ☐ Yes  
(Please explain if answered yes.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of check-out lanes/cash registers with scanners \_\_\_\_\_  
Number of check-out lanes/cash registers with scanners that  
identify WIC items \_\_\_\_\_

8. Annual Gross sales in last tax year: \$ \_\_\_\_\_  
Annual Food sales in last tax year: \$ \_\_\_\_\_  
Monthly Food sales: \$ \_\_\_\_\_  
Square Footage (Retail): \_\_\_\_\_  
Square Footage (Storage) \_\_\_\_\_

9. If a pharmacy/combination food store, are you able to provide  
special infant formula within 48 hours of a request? ☐ Yes  
☐ No

Please list the name(s) and title(s) of personnel with authority to  
sign documents, accept training or otherwise act on behalf of the  
store in an official capacity with the Maryland WIC Program:  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

I certify that the information stated above is true and complete to the best of my knowledge:

\_\_\_\_\_  
Signature of Authorized Store Representative

Title: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

WIC OFFICE USE ONLY

Date received \_\_\_\_\_ Application accepted \_\_\_\_\_ denied \_\_\_\_\_  
\_\_\_\_\_

Reason(s) for denial:

WIC suspension_____	Unmet minimum stock_____
Food Stamp sanction_____	Business practices_____
Incomplete application_____	Unsanitary conditions_____

other  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revised: July, 2001